Effective December 29, 1999

Application or Docket Number

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |                    |                 |   |                  |     | SMALL E             | NTITY                  | OR | SMALL                   |                        |
|---|--|---|--------------------|-----------------|---|------------------|-----|---------------------|------------------------|----|-------------------------|------------------------|
| FO  | R  | NUM   | NUMBER FILED       |                 | NUMBER EXTRA                              |                  | ſ   | RATE                | FEE                    |    | RATE                    | FEE                    |
| BASIC FEE   |  |   |                    |                 |   |                  |     | 345.00              | OR                     | ·  | 690.00                  |                        |
| то  | TAL CLAIMS                                     |   | 12 minus           | 20= •           |   |                  |     | X\$ 9=              |                        | OR | X\$18=                  |                        |
| IND   | EPENDENT CL                                    | AIMS  | 2 minus 3 =        |                 | •   |                  |     | X39=                |                        | OR | X78=                    |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |                    |                 |   |                  |     | +130=               |                        | OR | +260=                   |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |                    |                 |   |                  |     | TOTAL               |                        | OR | TOTAL                   | 640                    |
| Column 1) (Column 2) (Column 3)   |  |   |                    |                 |   |                  |     | SMALL ENTITY        |                        |    | OTHER THAN SMALL ENTITY |                        |
| AMENDMENT A   | 70   | CLAIMS REMAINING AFTER AMENDMEN                   | 3                  | HI<br>NI<br>PRE | IGHEST<br>UMBER<br>EVIOUSLY<br>AID FOR    | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total  | ·/a   | Minus              | ٠,ي             | 0   | =                | ].  | X\$ 9=              |                        | OЯ | X\$18=_                 |                        |
| AME   | Independent                                    | ·a  | Minus              | ٠.٠             | 3   | <b>=</b> .       | -   | X39=                |                        | OR | X78=                    |                        |
|   | FIRST PRESE                                    | NTATION OF  | MULTIPLE DE        | PENDE           | ENT CLAIM                                 | •                | J   | +130=               |                        | OR | +260=                   |                        |
| 8/3/14 AF   |  |   |                    |                 |   |                  |     | TOTAL<br>ADDIT, FEE |                        | OR | TOTAL<br>ADDIT. FEE     |                        |
| L   | 9701   | (Column   | 1)                 |                 | olumn 2)<br>IGHEST                        | (Column 3)       | ١.  |                     |                        |    |                         |                        |
| MENDMENT B  | ·  | CLAIMS<br>REMAININ<br>AFTER<br>AMENDME            |                    | PAG             | IUMBER<br>EVIOUSLY<br>AID FOR             | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
|   | Total ·  | .12-  | Minus              | 19              | Ø   | =                |     | X\$ 9=              |                        | OR | X\$18=                  |                        |
|   | Independent                                    | . 2   | Minus              | •••             | 3   | =                | H   | X39=                |                        | OR | X78=                    |                        |
| F   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                 |   |                  |     | +130=               |                        | OR | +260=                   |                        |
|   |  |   |                    |                 |   |                  |     | TOTAL               |                        | OR | TOTAL                   |                        |
|   | ADDIT, FEE                                     |   |                    |                 |   |                  |     |                     |                        |    |                         |                        |
| ENT C   |  | (Column<br>CLAIMS<br>REMAININ<br>AFTER<br>AMENDME | G                  | H<br>N<br>PRI   | HIGHEST<br>HUMBER<br>EVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |     | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                    | ADDI-<br>TIONAL<br>FEE |
| Š   | Total  | •   | Minus              | ••              |   | =                |     | X\$ 9=              |                        | OR | X\$18=                  |                        |
| AMENDMENT   | Independent                                    |   | Minus              | •••             |   | =                | 4   | X39=                | ·                      | OR | X78=                    | ,                      |
| H   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |                    |                 |   |                  |     | +130=               |                        | OR | +260=                   |                        |
| 1:  | If the entry in colu                           | ımn 1 is less t                                   | an the entry in co | lumn 2,         | write "0" in co                           | dumn 3.          | n - | TOTAL               | _                      | OR | TOTAL                   |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |  |   |                    |                 |   |                  |     |                     |                        |    |                         |                        |